

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
Defendant(s)	Civil No.  Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Trial/Hearing Date and Time:	
<p align="center"><b>REQUEST FOR RETURN OF EXHIBITS</b></p> <p><input type="checkbox"/> Plaintiff(s)    <input type="checkbox"/> Defendant(s) requests the return of all of the requesting party's exhibits from the Trial/Hearing Date and Time listed above. I certify that judgment has become final, or judgment has become final after appeal, or a dismissal or satisfaction of judgment has been filed, or 30 days have passed since the oral decision was made and no written order has been filed in the case. The exhibits were marked for identification as    <input type="checkbox"/> Plaintiff(s)    <input type="checkbox"/> Defendant(s) (list and identify the exhibits)</p>	
Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney:  Print/Type Name:
APPROVED:	
Date:	Judge of the above-entitled Court
In accordance with the <b>Americans with Disabilities Act</b> if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.	